PART B - FEE(S) TRANSMITTAL



Complete and send his form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

(703) 746-4000 or <u>Fax</u>

INSTRUCTIONS: This for appropriate. All further con indicated unless corrected be maintenance fee notification	m should be used for trans respondence including the F selow or directed otherwise is.	smitting the ISSUE FEE Patent, advance orders and in Block 1, by (a) specif	and PUBLIC d notification ying a new co	ATION FEE (if requ of maintenance fees o orrespondence address	pired). Blocks 1 through 5 will be mailed to the currer; and/or (b) indicating a se	should be completed where nt correspondence address as parate "FEE ADDRESS" for
75	P.C. Date 3/35/02 I hereby certify that fee was deposited addressed for de P.O. Box 1450. Al	Label No.  Label No.  It on the date indicated above with the U.S. Postal Service elivery to the Commissione exandria, VA 22313-1450 by		papers. Each addition have to own certificat	al paper, such as an assignment of mailing or transmission	for domestic mailings of the for any other accompanying ment or formal drawing, must namission and deposited with the United irst class mail in an envelopes above, or being facsimile date indicated below.
	Post Office to Add	ressee" service.	Λ .			(Depositor's name)
	Lillian Ga		- Zaras			(Signature)
	Name (Print)	C 6ignature				(Date)
APPLICATION NO.	FILING DATE	FIRST N	AMED INVEN	TOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/027,913	12/20/2001	Goiena	Sojendra Nath Bordoloi		3108/OK142	9950
TITLE OF INVENTION: 2-	METHYLHEPTYLISONIC	OTINATE AND PROCE		DUCTION THEREOF	TOTAL FEE(S) DUE	DATE DUE
					``	<u> </u>
nonprovisional	NO	\$1400		\$300	\$1700	05/02/2005
. EXAMINER		ART UNIT	CI	ASS-SUBCLASS	]	
MARX, IRENE		1651	1651 514-354000			
CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  The Address form PTO/SB/122) attached.  The Address indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.  Change of correspondence address (or Change of Correspondence Address indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.  Change of correspondence address (or Change of Correspondence Address indication (or "Fee Address" Indication form PTO/SB/122) attached.  Change of correspondence address (or Change of Correspondence Address indication (or "Fee Address" Indication form PTO/SB/122) attached.  Change of correspondence address (or Change of Correspondence Address indication (or "Fee Address" Indication form PTO/SB/122) attached.  Change of correspondence address (or Change of Correspondence Address indication (or "Fee Address" Indication form agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agents. If no name is listed, no name will be printed.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) Rec. 4/8/02 R/F: 012777/0734  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Council of Scientific and Industrial Research  New Delhi; India						
Places shook the appropriate	assignee catégory or categor	ries (will not be printed on	the notent):	Individual XX	omoration or other private of	group entity Government
Please check the appropriate assignee category or categories (will not be printed on the patent): Individual **Corporation or other private group entity Gov  4a. The following fee(s) are enclosed:  XXI Issue Fee  XXA check in the amount of the fee(s) is enclosed. \$1700.00  Payment by credit card. Form PTO-2038 is attached.  XXI The Director is hereby authorized by charge the required fee(s), or credit any overpay Deposit Account Number 0.4-0100 (enclose an extra copy of this form).						or credit any overpayment, to
	(from status indicated above)	F-1			LI ENTITY MALE CO. 27	CER 1 27(-)(2)
The Director of the USPTO	MALL ENTITY status. See 3 is requested to apply the Issu ublication Fee (if required) wirds of the United States Pate	e Fee and Publication Fee	(if any) or to	re-apply any previous	LL ENTITY status. See 37 by paid issue fee to the application or agent; or	cation identified above.
Authorized Signature Sundra Ru				Date3125 12005		
	Typed or printed name Sandra S. Lee				No. 51,9	
Alexandria, Virginia 22313-					the public which is to file (a minutes to complete, includ omments on the amount of Trademark Office, U.S. De S. SEND TO: Commissione displays a valid OMB contra	